### PART B SUE FEETRANSMITTAL

IVOR M. HUGHES HUGHES ETIGSON

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THORNHILL ON L3T 7P6

Washington, D.C. 20231



through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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AIR MAIL

CANADA **FILING DATE** TOTAL CLAIMS APPLICATION NO.

**EXAMINER AND GROUP ART UNIT** 

**DATE MAILED** 

08/462,148

06/05/95

007

PESELEV, E

1623

10/23/98

(Date)

First Named

**Applicant** FALK, 35 USC 154(b)

term ext. =

0 Days.

TITLE OF INVENTION REATMENT OF CONDITIONS AND DISEASE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1. P-0800(0)-2	514-054.0	00 K71	UTILITY	/ NO	\$1320.00	01/25/99
Change of correspondence address or Use of PTO form(s) and Customer Num     Change of correspondence address PTO/SB/122) attached.	ber are recommended, but	not required.	(1) the names of u attorneys or agen the name of a s member a registe	the patent front page, I up to 3 registered pate its OR, alternatively, ( single firm (having as ered attorney or ager up to 2 registered pate	nt 1 <u>Ivor M.</u> 2) a n) 2 <u>Neil H.</u>	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				s. If no name is listed.		

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"Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.	attomeys or agents. If no name is listed, no name will be printed.  3 Marcelo K. Sarkis
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on Inclusion of assignee data is only appropriate when an assignment has been previously the PTO or is being submitted under separate cover. Completion of this form is NOT as filling an assignment.  (A) NAME OF ASSIGNEE Hyal Pharmaceutical Corporation.	of Patents and Trademarks): submitted to ubstitue for  Advance Order - # of Copies
(B) RESIDENCE: (CITY & STATE OR COUNTRY)  Mississauga, Ontario, CANADA  Please check the appropriate assignee category indicated below (will not be printed on the individual XI) corporation or other private group entity ☐ government	4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER  (ENCLOSE AN EXTRA COPY OF THIS FORM)
THE COMPLETED ATENTS AND THAT AND THE PROPERTY OF THE PROPERTY	Fee to the application identified above.
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# NOTICE OF ALLOWANCE AND ISSUE FEE DUE

HM32/1023

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AIR MAIL

PHINHTIA				
APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/462,148	06/05/95	007	PESELEV, E	1623 10/23/98*
First Named Applicant FALK.		35 US	6C 154(b) term ext. =	0 Days.
TITLE OF				

INTEGRATION OF CONDITIONS AND DISEASE

Due : JAN. 23/99

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 P-0800(0)-	2 514-05	4.000 K	21 UTILITY	NO	\$1320.00	01/25/99 \$
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THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED.

THE ISSUE FEE MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED.</u>

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